

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M4-04-1477-01**

MDR Tracking Number: M4-04-0244-01

This amended Findings and Decision supercedes all previous decisions rendered in this medical payment dispute involving the above Requestor and Respondent. The amount of the Order has been corrected.

The Medical Review's amended decision of September 10, 2003, was appealed and subsequently withdrawn by an order of the Medical Review Division dated October 6, 2003.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/08/02.

I. DISPUTE

An updated Table of Disputed Services was submitted by the Requestor and received by the Division on 8/01/03. Whether there should be reimbursement of \$2,457.60 for dates of service 1/7/02 through 1/24/02 for a Work Hardening program. The Respondent denied reimbursement as "T – Not according to Treatment Guidelines. A – Pre-Authorization Not Obtained." No other issues were raised in the Respondent's audit summaries.

II. RATIONALE

According to an EOB submitted by the Requestor and dated 5/29/02, the Respondent denied reimbursement for date of service 1/7/02 as "T – Not According to Treatment Guidelines." Commission Rules 133.1 (a)(12) and 133.304 (c) define and require that insurance carriers must use the Commission's payment exception codes to identify the general rationale for reducing or denying payment for a properly completed medical bill. Pursuant to TWCC Advisory 2002-11, payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002. The Respondent submitted with their response packet an EOB dated 11/12/02 with a denial code of "A" – Preauthorization not obtained for dates of service 1/07/02, 1/14/02, 1/16/02, 1/17/02, 1/23/02, 1/24/02 for CPT codes 97545-WH and 97546-WH.

Based on documentation in the Commission's case file, the injured worker began a work hardening program in December 2001 and did not continue beyond January 31, 2002. Pursuant to TWCC Advisory 2001-14, services rendered in January of 2002 did not require pre-authorization. Therefore, reimbursement is recommended. The HCFA's submitted by the Requestor indicate they are a non-CARF accredited facility and reimbursement will be 80% of MAR (\$64.00 x 46 units = \$2,944.00). The Requestor's Table of Disputed Services indicates the amount requested for reimbursement is \$2,457.60 for 46 units (\$2,457.60 x 80% = \$1,966.08). Reimbursement in the amount of \$1,966.08 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for the referenced CPT codes in the amount of \$1,966.08. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$1,966.08 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Decision and Order are hereby issued this 10th day of September 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

PD/pd